

Exhibit M

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Burns, T	DIN	97A6087	Date of Birth		Facility Name	080
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Subjective:	90 irritated eyes, throat, breathing difficulty. the irregular ht beat. r/c chemical gas incident this am.	Last Name	Burns
Objective:	Wt 170. 98/60 RA 96 P. 140/90. Lungs clear. (B)	DIN	97A6087
Assessment:	AR P - ENT irritation r/c chemical gas. - Increase fluids.	Location	B2-201
Plan:	- Continue washing eyes intermittently.	Date	8/3/15
Signature/Provider #	Manning 341 RN Transcribing Order/Provider #/Date/Time	Time	1:45 pm.
Provider Orders:			

Subjective:	c/o Headache + Breathing difficulty Post chemical gas incident Burning Senses + Eyes	Last Name	Burns
Objective:	90-8" 145/85 17 Resps. 100% RA	DIN	97A6087
Assessment:	Lungs CLR Bilat.	Location	B2201
Plan:	Deep Sea + Artificial tears given	Date	8.4.15
Signature/Provider #		Time	1415
RN Transcribing Order/Provider #/Date/Time			
Provider Orders:			


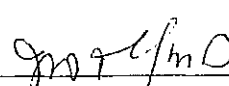

Subjective:	c/o Headache/Breathing difficulty + Burning eyes	Last Name	Burns
Objective:	18 Resps 98% RA	DIN	97A6087
Assessment:	Lungs CLR Bilat	Location	B2201
Plan:	Issued Ophthalmic Eye wash	Date	8.5.15
Signature/Provider #		Time	
RN Transcribing Order/Provider #/Date/Time			
Provider Orders:			

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Burns	DIN	97A6087	Date of Birth	2.7.15	Facility Name	SV
Subjective:	BSC - 10 ¹⁰			Last Name		Burns	
Objective:	C/O pain & blurry vision @ eye since gas dropped in less still 8/3/15			DIN		97A6087 Location B2201	
Assessment:	Notes: back pain & wrist pain felt in less still - got epd & lumps 134/76 P 76 R20 T-98			Date		8.6.15 Time	
Plan:	Referred to clinic provider today - SMC Dr. Hwan 8/12/15			Provider Orders:			
Signature/Provider #				RN Transcribing Order/Provider #/Date/Time			
Subjective:	Blurry vision after gas experienced on 8/3/15			Last Name		Burns	
Objective:	also C/O LVP after heavy trampled in melee			DIN		97A6087 Location	
Assessment:	W/150/40 Chest clear. Noir Mad any reflexes, mildly Tendon			Date		8.6.15 Time	
Plan:	W/150/40 Chest clear. Noir Mad any reflexes, mildly Tendon Sup - Combo - hand screen motion good but follow up			Provider Orders:			
Signature/Provider #				RN Transcribing Order/Provider #/Date/Time			
Subjective:	JEP Initial Clearance Hypo: Beatrice Crockett @OFT 8/14			Last Name		Burns, Treib	
Objective:	@HIV 7/11 RPR-?			DIN		97A6087 Location F4183	
Assessment:	HC @ 7/15/11			Date		8.7.15 Time 745	
Plan:				Provider Orders:		Data updated Letter/pamphlets sent	
Signature/Provider #				RN Transcribing Order/Provider #/Date/Time			

Name	DIN	Date of Birth	Facility Name
Burns T	97A6087	2/17/75	OJN
Subjective: BSC 10-30R D/C/O occ blurry vision a fl. since 8/3.	Last Name: Burns	DIN: 97A6087	Location: B2201
Objective: R/O OTC. e clear. issues	Date: 8/12/15	Time:	
Assessment: eyes clear. a pain	Provider Orders:		
Plan: Referred to PCP for opp			
Signature/Provider # [Signature]	RN Transcribing Order/Provider #/Date/Time		
Subjective: C/O lower back P- PCL	Last Name: Burns	DIN: 97A6087	Location: B2-201
Objective:	Date: 8/17/15	Time: BSC	
Assessment:	Provider Orders:		
Plan:			
Signature/Provider # [Signature]	RN Transcribing Order/Provider #/Date/Time		
Subjective: BSC 10 ¹⁰ C/O drainage & discharge from both eyes when he wakes up in the morning	Last Name: Burns	DIN: 97A6087	Location: B2201
Objective: muc 8/3. Hess Hall incision	Date: 8/20/15	Time:	
Assessment: eyes OTC's not effective eyes clean / e drainage noted at this time	Provider Orders:		
Plan: Referred to clinic provider			
Signature/Provider # [Signature]	RN Transcribing Order/Provider #/Date/Time		

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Subjective: To be seen by Clinic provided	Last Name: Burns, T	DIN: 97A6087	Location: E201
Objective: AOK 3 o/s of distress	Date: 8/20/15	Time: 11A	Provider Orders:
Assessment: 97-6-133178-69-16 702 49% KA			
Plan: Wanting to be seen by MD			
Signature/Provider # 	RN Transcribing Order/Provider #/Date/Time		
Subjective: rd of PCP Pagan states since exposure to CS 8-3-15 - eyes irritated	Last Name: Burns, T	DIN: 97A6087	Location: B2-201
Objective: still - gun trans O vs S Aphakic	Date: 8-20-15	Time: Clinic	Provider Orders:
Assessment: Eyes per RLA LEOM-I fund - drif flat Ant chamber clear, ? ? mild red pink to conjunctivae no pus seen			
Plan: A P D; conjunctivitis x 2 wks - no allergy Triple antibiotic ophth soln 1 gtt OU 5x D x 7 d			
Signature/Provider # 	RN Transcribing Order/Provider #/Date/Time		
Subjective: Patient (16 lower)	Last Name: BURNS	DIN: 97A6087	Location: B2-201
Objective: back pain Patient	Date: 8/31/15	Time: BSC	Provider Orders:
Assessment: Steady gain. Patient started LHR x 1 Yrs Able to sit MRIT beam x 3 days			
Plan: PRN placed on 6/6 A3 See PRP			
Signature/Provider # 	RN Transcribing Order/Provider #/Date/Time		

BURNS 000079

Continue entry into next box if necessary.

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Burns, Trevor</u>	DIN <u>97A6087</u>	Date of Birth	Facility Name <u>080</u>
Subjective:		Last Name <u>Burns</u>	
Objective:		DIN <u>97A6087</u> Location <u>B2-201</u>	
Assessment:		Date 9/14/15 <u>9/14/15</u> Time <u>BSC 1045</u>	
Plan:		Provider Orders:	
Signature/Provider # <u>[Signature]</u> 476		RN Transcribing Order/Provider #/Date/Time	
Subjective:		Last Name <u>Burns</u>	
Objective:		DIN <u>97A6087</u> Location <u>B2-201</u>	
Assessment:		Date <u>9/21/15</u> Time	
Plan:		Provider Orders:	
Signature/Provider # <u>[Signature]</u>		RN Transcribing Order/Provider #/Date/Time <u>9/21/15</u>	
Subjective:		Last Name <u>Burns</u>	
Objective:		DIN <u>97A6087</u> Location <u>B2-201</u>	
Assessment:		Date <u>9/23/15</u> Time	
Plan:		Provider Orders:	
Signature/Provider # <u>[Signature]</u>		RN Transcribing Order/Provider #/Date/Time	

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Subjective: Pt is c/o sore throat x 2 days is pt - @ em. gt tend neck in positive - @ chills - intermittent		Last Name <u>Burns</u> DIN <u>97A6087</u> Location <u>B2-201</u> Date <u>9/29/15</u> Time <u>Clinic</u>	
Objective: O: A&X3 temp 98.4 - 172, 20. S HEENT. + @ TM Congested		Provider Orders:	
Assessment: Tonsillitis - @ tonsillar adenitis, sinusitis			
Plan: A. OM / Pharyngitis - B2 Amoxicillin 500mg tid x 10 days ↑ fluids - Tylenol for pain			
Signature/Provider # <u>[Signature]</u> RN Transcribing Order/Provider #/Date/Time _____			
Subjective: Flu A&C c/o L&P pain out IBP, needing reassess		Last Name <u>Burns, Trevor</u> DIN <u>97A6087</u> Location <u>B2/201</u> Date <u>10/9/15</u> Time _____	
Objective:		Provider Orders:	
Assessment: (1) L&P		IBP 600mg tid (PRN) (1590) 16x6	
Plan: (1) Reassess R (2) Flu PCP (PRN)		ASAEC - 81mg tid	
Signature/Provider # <u>92/831</u> RN Transcribing Order/Provider #/Date/Time <u>10/9/15</u>			
Subjective: c/o @ EYE REDNESS, WHITE MUCOUS.		Last Name <u>Burns</u> DIN <u>97A6087</u> Location _____ Date <u>10/19/15</u> Time <u>B5L</u>	
Objective: VISINE x1 GIVEN.		Provider Orders:	
Assessment:			
Plan:			
Signature/Provider <u>R. Maggala RN 344</u> RN Transcribing Order/Provider #/Date/Time _____			

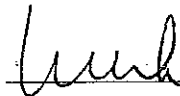
STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	BURNS Trevor	DIN	97A6087	Date of Birth	2/17/75	Facility Name	080
Subjective:	BSC - c/o ongoing LT wrist pain, taking Naproxen as ordered, F/U PCP - (Smo)	Last Name	Burns	DIN	97A6087	Location	B2-201
Objective:		Date	11/9/15	Time	BSC 9A-	Provider Orders:	
Assessment:							
Plan:							
Signature/Provider #	[Signature]	RN Transcribing Order/Provider #/Date/Time					
Subjective:	FL BSC c/o ongoing LT wrist pain, no IBP. Also OK w/ IBP used.	Last Name	Burns, Trevor	DIN	97A6087	Location	B2/201
Objective:	Accom LBP OK w/ IBP used. LT wrist pain after breaking w/ hands. PE: LT wrist, d/s infected. Basal: limited ROM @ flexion.	Date	11/16/15	Time	*	Provider Orders:	
Assessment:	(1) LT wrist pain (2) LBP						
Plan:	(1) status x-ray cont. present RP (2) FL PCP s/p x-ray studies						
Signature/Provider #	[Signature]	RN Transcribing Order/Provider #/Date/Time					
Subjective:	Jap Clearance Beatrice Crockett	Last Name	Burns	DIN	97A6087	Location	
Objective:	Aft @ 11/5/15	Date	12-12-15	Time		Provider Orders:	
Assessment:							
Plan:							

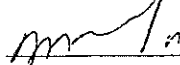
STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name BURNS, TREVOR	DIN 97A6087	Date of Birth 2/17/75	Facility Name GHCF
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Subjective: BSC (1) Have a recurring infection in eyes both eyes affected. Objective: minor amount of white exudate noted from Rt eye. Assessment: JM reports itching + burning of both eyes. Plan: (2) C/O - Acid type in digestion worse when lying down.	Last Name BURNS DIN 97A6087 Location B2-201 Date 12/18/15 Time BSC Provider Orders:
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Signature/Provider # 	RN Transcribing Order/Provider #/Date/Time 18 Dec 15
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Subjective: see above - pt = few days conjunctivitis - A. fabian Objective: Eyes PER RLA, EOM-I, anterior chambers clear Assessment: (1) mild, conjunctivitis Plan: A - P Recurrent conjunctivitis - last T.C.D 5/2015. → P/A PCP / ? eye exam	Last Name _____ DIN _____ / Location _____ Date 12/18/15 Time Clinic Provider Orders: Tropic antibiotic gts ÷ gts OU 5x0 x> d
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Signature/Provider # 	RN Transcribing Order/Provider #/Date/Time D/n PCP - D. Kothhava in Breach
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Subjective: flu for X rays X rays done - no result Objective: Assessment: Plan:	Last Name BURNS DIN 97A6087 Location _____ Date 1/5/16 Time _____ Provider Orders:
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Signature/Provider # T/28	RN Transcribing Order/Provider #/Date/Time _____
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AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>BURNS TREVOR</u>	DIN <u>97A 6087</u>	Date of Birth <u>2/17/75</u>	Facility Name <u>OCO</u>
Subjective: <u>BSC</u> <u>Ch LBP - "for months"</u>		Last Name <u>BURNS</u> DIN <u>97A 6087</u> Location <u>B2-201</u> Date <u>2/11/16</u> Time <u>BSC</u>	
Objective: <u>Ch - pain in lt wrist - IM reports having ORIF in 1998 - states pain recently is worse.</u>		Provider Orders: <u>OTC's</u>	
Assessment: <u>OTC's + instructions for correct use</u>			
Plan: <u>Pcl appt needed</u>			
Signature/Provider # <u>Wierke</u> RN Transcribing Order/Provider #/Date/Time <u>11 Feb 16</u>			
Subjective: <u>BSC</u> <u>Ch "excruciating pain" in back + left wrist.</u>		Last Name <u>Burns</u> DIN <u>97A 6087</u> Location <u>B220/</u> Date <u>3/18/16</u> Time _____	
Objective: <u>Pcl - new X-rays - forearm.</u>		Provider Orders:	
Assessment: <u>Korobkova.</u>			
Plan: <u>Still awaiting Pcl appt call out</u>			
Signature/Provider # <u>Wierke</u> RN Transcribing Order/Provider #/Date/Time <u>18 MAR 16</u>			
Subjective: <u>BSC</u> <u>① Still awaiting Pcl appt re: "pounding migraine H/A's"</u>		Last Name <u>BURNS</u> DIN <u>97A 6087</u> Location <u>B2-201</u> Date <u>3/30/16</u> Time <u>BSC</u>	
Objective: <u>④ photophobia,</u>		Provider Orders:	
Assessment: <u>② Ch pain in lt wrist. IM states even when sitting still - pain persists.</u>			
Plan: <u>To see chime provider re Pcl appt</u>		<u>P-62 R-16 B/L 110/76</u> <u>SpO₂</u>	
Signature/Provider # <u>Wierke</u> RN Transcribing Order/Provider #/Date/Time <u>30 MAR 16</u>			

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
		4/17/75	080

Subjective:	W=225 H=6.5 4/40.	Last Name	Burns
	no-smoke, drink, drugs	DIN	97A6087
	BP=130/80 4/11/88	Location	
Objective:	CTA 5.57=60	Date	3/31/16
	Fast BW-good 5/15	Time	
Assessment:		Provider Orders:	ECG
Plan:	PT complaining of light sens. which is painful X-ray back, written no acute process Not taking BP weekly Opt - correct		
Signature/Provider #	188	RN Transcribing Order/Provider #/Date/Time	

Subjective:	97 1070 140 987	Last Name	Burns, T
	Flu C D	DIN	97A6087
	Korbin	Location	82-201
Objective:	to discuss	Date	4/26/16
	for many	Time	BSC
Assessment:		Provider Orders:	
Plan:			
Signature/Provider #	476	RN Transcribing Order/Provider #/Date/Time	

Subjective:		Last Name	Barnes
	Nasal Congest	DIN	97A6087
	C/o diff breath	Location	
Objective:	Resp easy + unlabored	Date	6/8/16
	1/25 Cough noted	Time	BSC
Assessment:		Provider Orders:	
Plan:			
Signature/Provider #	476	RN Transcribing Order/Provider #/Date/Time	

BURNS-000673

Continue entry into next box if necessary.

Name <u>Burns, Trevor</u>	DIN <u>97A6087</u>	Date of Birth <u>2/17/75</u>	Facility Name _____
Subjective: <u>Medically cleared to</u>		Last Name <u>Burns, Trevor</u>	
Objective: <u>Went event on 6/25/16</u>		DIN <u>97A6087</u>	Location _____
Assessment: _____		Date <u>6/24/16</u>	Time <u>12pm</u>
Plan: _____		Provider Orders: _____	
Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time <u>Chalchalam 2/17</u>			
Subjective: <u>BSEpo allergies, Breathing</u>		Last Name <u>Burns, Trevor</u>	
<u>Hand, cough x 2 wks</u>		DIN <u>97A6087</u>	Location <u>B2-201</u>
<u>V/S - wt. 225 lbs, ht. 6'-5" 40-year-old male</u>		Date <u>6/24/16</u>	Time _____
<u>pulse 74/min, BP 130/70</u>		Provider Orders: _____	
Objective: <u>Gen - c/o cough, breathing hand</u>		- <u>sitting on (VTL)</u>	
<u>skin - rash green</u>		<u>20ml pr 110 pro</u>	
Assessment: <u>Lungs - clear bil</u>		- <u>701 mg tablet Anti</u>	
- <u>Allergies/wrt</u>		<u>powder Apply</u>	
- <u>T. cruris</u>		<u>BID</u>	
Plan: <u>Burns shop permit given</u>		_____	
<u>Needs physical</u>		<u>Flu with PCP</u>	
Signature/Provider # <u>Ch / 189</u> RN Transcribing Order/Provider #/Date/Time <u>6/28/16</u>			
Subjective: <u>① c/o Sore Throat - c/o d.t.t</u>		Last Name <u>Burns</u>	
<u>To swallow. Onset approx 1 wk.</u>		DIN <u>97A6087</u>	Location <u>B148</u>
Objective: <u>Neck soft, & redness, ① pressure</u>		Date <u>7/26/16</u>	Time <u>BSC</u>
<u>To eat</u>		Provider Orders: _____	
Assessment: <u>Risk at Int.</u>		<u>956 P-72 120/70</u>	
Plan: <u>Flu shot per Dr. Ch</u>		<u>Flu shot per Dr. Ch</u>	
Signature/Provider # <u>Chalchalam 4/4</u> RN Transcribing Order/Provider #/Date/Time _____			

BURNS 000872

Continue entry into next box if necessary.

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Burns, TREVON	DIN	97A6087	Date of Birth	2/17/75	Facility Name	080
Subjective:	Qo sore throat 8/1 wk No chills or cough VLS BP 120/70 P 72/min Afebrile	Last Name	Burns	DIN	97A6087	Location	B4/148 B4/48
Objective:	GEN - Qo sore throat Mouth - congested pharynx, No exudates No enlarged LN.	Date	7/26/16	Time	BSC	Provider Orders:	
Assessment:	A. Pharyngitis						- Amoxicillin 875mg po q 8h - Ibuprofen 600mg TPO TIA PPO T food.
Plan:	- warm saline water gargling TIP PPO - Amoxicillin 875mg po q 8h for 70d. - Ibuprofen 600mg po q 6h PRN Flinu PCP if no improvement	Signature/Provider #	CAR #180	RN Transcribing Order/Provider #/Date/Time	7/26/16		
Subjective:	patient wants STD clearance	Last Name	Burns	DIN	97A6087	Location	
Objective:	STD tests	Date	9/12/16	Time		Provider Orders:	
Assessment:							HIV oral quick RPR, Hep B/H panel Herpes I & II serology.
Plan:		Signature/Provider #	[Signature]	RN Transcribing Order/Provider #/Date/Time			
Subjective:		Last Name	Burns	DIN	97A6087	Location	
Objective:	H to show	Date	10/17/16	Time		Provider Orders:	
Assessment:	pls reschedule						
Plan:	visit	Signature/Provider #	[Signature]	RN Transcribing Order/Provider #/Date/Time			

BURNS 000671

Continue entry into next box if necessary.

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note

Name Burns- DIN 97A6087 Date of Birth 2/17/75 Facility OPR 405

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form: 9/14/16
Date Received by RN: 9/12/16 RN Triage Note: BSC C/O
Inmate to be seen/date: 9/12/16 ☐ Dental request forwarded to Dentist
RN Signature ABandaru Date/Time _____

Sick Call Visit Note:

Subjective: CC @ wrist pain -

CC low back pain, chronic G-ait.

Objective: Myo at L4/L5.

Reck Blood work R STD's (Syphilis/Gon.)
Steady state. Hypertension, etc.

Assessment:

Myo at L4/L5, chronic pain

Plan:

Treatment etc, Rx

Provider Orders:

chart to AKHMD

Nurse/Provider Signature [Signature] Date 9/12/16 Time 10:20 A

RN Transcribing Order/Provider# _____ Date _____ Time _____

Vital Signs	
Temp	
Pulse	<u>83</u>
Resp	<u>18</u>
BP	<u>114/74</u>
O2 Sat	<u>94</u>

IRP.
MHS note 600g B.C.P.
Bakert

<p>Subjective:</p> <p>Objective:</p> <p>Assessment:</p> <p>Plan:</p>	<p>Last Name _____</p> <p>DIN _____ Location _____</p> <p>Date _____ Time _____</p> <p>Provider Orders:</p>
<p>Signature/Provider# _____ Date _____ Time _____</p> <p>RN Transcribing Order/Provider# <u>BURNS 000670</u> Date _____ Time _____</p>	

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note

Name Burns DIN 97A6087 Date of Birth _____ Facility 080

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form 9/21/16
Date Received by RN: 9/21/16 RN Triage Note: pain in wrist & eye

Inmate to be seen/date: 9/21/16 ☐ Dental request forwarded to Dentist

RN Signature W. J. H. Date/Time 9/21/16 2A

Sick Call Visit Note:

Subjective: ① Flu eye glasses. The shows Acet for
Long #50.00 8/19/16 (TAKEN OUT) closest to
Objective: eye stress clinic.

Vital Signs	
Temp	<u>101.2</u>
Pulse	<u>81</u>
Resp	<u>16</u>
BP	
O2 Sat	

BALMEXIN

Assessment:

Plan:

Provider Orders:

Nurse/Provider Signature W. J. H. Date 9/21/16 Time 1035A

RN Transcribing Order/Provider# _____ Date _____ Time _____

Subjective:

Last Name _____

Objective:

DIN _____ Location _____

Date _____ Time _____

Assessment:

Provider Orders:

Plan:

Signature/Provider# _____ Date _____ Time _____

RN Transcribing Order/Provider# BURNS-000669 Date _____ Time _____